Why Kegels Don’t Work
And What Does Work…

The Kegels Myth Debunked and Why Kegels Should Never be Done by Women with Prolapse

by Christine Kent, RN

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Hello, my name is Christine Kent and welcome to "Why Kegels Don't Work".

You're about to discover the secret of how to stabilize and reverse pelvic organ prolapse.

I've created this important free article for you to answer important questions and challenges every woman with pelvic organ prolapse faces:

1. Why do doctors and physical therapists always recommend Kegel exercises?
2. I've been doing Kegels for a while but they aren't helping. Why?
3. How did this whole Kegels thing get started?
4. Should I stop doing Kegels?
5. What should I be doing instead of Kegel exercises?

Also, if you're serious about wanting to learn the methods for stabilizing and reversing prolapse that have kept thousands of women out of the operating room in over sixty countries, make sure to check out wholewoman.com right now.

Enjoy!

Sincerely,

Christine Kent, RN
Founder, Whole Woman Inc.
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For decades, women around the world have been told to “Do your Kegels.” Yet few women experience any real benefit from the exercise, particularly in terms of stabilizing and reversing pelvic organ prolapse. We get many calls from women who are confused by how ubiquitous these ineffective exercises are. In this report, I’ll answer the most common questions about Kegel exercises.

**Why do doctors and physical therapists always recommend Kegel exercises?**

The concept that prolapse and incontinence can be improved by doing ‘reps’ of pelvic floor contractions is based on an anatomical misconception that has persisted in female reproductive medicine for almost five hundred years.

The expectation is that by strengthening the pubococcygeus muscles, they will close more effectively around the opening of the vagina, thus preventing pelvic organ prolapse (cystocele - bladder pushing into the vaginal space, rectocele - the rectum pushing into the vaginal space, and uterine prolapse - the uterus descending towards the opening of the vagina).

The theory is that if the vagina were “stronger” and “tighter”, the bladder and rectum wouldn’t be able to push into the vaginal space. Also, the vagina would be able to hold up the uterus and keep it from descending.
Unfortunately, this theory is nonsense.

Yet, Kegels are something women can do for themselves and just one of several carefully choreographed steps on the way to the operating room, where the doctor knows you are going to wind up sooner or later if you persist with the medical management of your condition.

Doctors know that Kegel exercises are ineffective, but because the medical system does not recognize the root cause of prolapse, “Do your Kegels” is just one step of the medical dance used to psychologically prepare women for surgery.

I’ve been doing Kegels for a while but they aren’t helping. Why?

The reason Kegels are useless is because the concept of strengthening a “hole” at the bottom of a “floor” is anatomically inaccurate. There is no hole and there is no floor. There is only a flattened tube at the back of the body that is slowly turned inside out over time because of postural and lifestyle factors that compromise natural pelvic organ support.

“Kegeling” pulls the tailbone under and disrupts the natural pelvic organ support and urinary continence systems. “Kegel” is a concept that was based on an erroneous model of female anatomy, which viewed the pelvis as a basin with the opening at the bottom and a muscular “floor” that must be “strengthened” to keep the organs from falling out.

Not only is the entire anatomical concept wrong, but what has flowed from such profound error in judgment has cost women immeasurably in terms of time, expense, and suffering.

In reality, the vagina is not the cause of prolapse. The cause is pelvic misalignment. Displaced pelvic organs are the symptoms of prolapse. When vaginal surgery is used to treat prolapse symptoms, the results are often disastrous.

Each time we breathe in, the muscular diaphragm...
underneath our lungs pushes all our abdominal and pelvic organs down and forward. This means that the bladder and uterus are pushed into the rounded lower belly where they are pinned into position by the forces of intraabdominal pressure. The bladder, uterus, and sigmoid colon, which is contiguous with the rectum, are positioned right behind the lower abdominal wall and away from the pelvic outlet at the back of the body. In this way they are protected from the forces of internal pressure.

The only role the thin, sinewy pelvic diaphragm muscles play in keeping the organs well-positioned is by managing intraabdominal pressure. The pelvic “floor” functions like a trampoline or drum skin to rebound pressure. Therefore, tautness of the muscles is a much more appropriate concept than “strength”.

That tautness is obtained by stretching the pelvic diaphragm to its greatest dimensions, which is accomplished when the body is held in natural, upright, weight-bearing posture - whether seated or standing. If the abdominal wall is not constantly pulled in, the breath can work to push the organs forward and into the rounded lower belly, where they are safely positioned against the forces of intraabdominal pressure.

When the pelvic diaphragm is elongated is this way, the vital angles of the urinary continence system are in alignment. Sitting or standing with the lumbar curve fully in place flattens the musculature surrounding the urethra so forcefully that it is difficult to tighten that area further. After every urination and bowel movement the muscles of the pelvic diaphragm strongly contract. With every orgasm these muscles strongly contract.

Full range of motion of the pelvic diaphragm is necessary, and prolapse and incontinence are prevented by keeping the vagina flattened and the muscles elongated.

Nerve disruption due to stretching of the pelvic diaphragm is very common after vaginal delivery. This phenomenon, widely studied by gynecology, almost always completely resolves within a few weeks or months postpartum. Sitting, standing, and moving in natural posture assists nerve
regeneration while also preventing pelvic organ prolapse, currently at epidemic levels in the postpartum population.

A commonly held misconception of female anatomy has given rise to an entire industry of vaginal weights and exercisers, which women continue to buy because they do not understand the true anatomy of natural female pelvic organ support. The pelvic organ support system is a postural system - they are one and the same. A realignment of posture returns women to natural pelvic organ support and helps them avoid dangerous and debilitating surgery.

Dr. Kegel, and all of gynecology for that matter, have omitted and denied essential aspects of female anatomy, which are crucial to understanding the dynamics of pelvic organ support. Why have they done this? Because gynecology has always been a surgical specialty that views the pelvis in a very limited way. Their conceptual framework of female pelvic anatomy does not include much beyond what they can see from the supine, lithotomy position (lying on your back with feet in stirrups).

To the gynecologist, you have a pelvic “floor” above which your pelvic organs are perched. From this perspective, the vagina acts like a tree trunk, holding the organs over a hole in a soft-tissue “floor” at the base of the torso. Because the vagina is holding the organs up, it must be “strong” and “tight” to prevent prolapse. The gynecologic point of view gives the pelvic surgeon license to perform operations based on faulty anatomic understanding.

In reality, your pelvic “floor” is more like a wall at the back of your body. Human pelvic orientation is not different from that of four-legged animals, a fact pointed out in the gynecologic literature in 1954 by J.W. Davies, M.D. Your pelvic organs are positioned over a true bony pelvic floor, which are your pubic bones that come together underneath you like straps of a saddle.
Dr. Davies pointed out that if the human pelvis was really rotated backward 90° into a “basin” shape with a “floor”, the pubic bones would dislocate with every step we take. Not only would it be excruciatingly painful to walk with the pelvis in this position, it would be impossible.

Davies’ research was completely ignored in the gynecologic literature until Dr. Linda Brubaker used his original illustrations to make the same point in her 1996 textbook, *The Female Pelvic Floor*. Unfortunately, Dr. Davies’ information had little impact. Urogynecology has continued on under an antiquated and erroneous conception of female pelvic anatomy, and performing dangerous and unnecessary surgeries for prolapse and incontinence.

Since the time man-midwifery took over the business of women’s health, knowledge about the female body has been placed solely in the hands of the medical profession. Our own bodies have become so mysterious, and the only major sources of information available to us come from practices based in anatomical misunderstanding.

This is why Whole Woman has sourced knowledge from orthopedics, pediatrics, physics, anthropology, the biological sciences, and even traditional dance. There is no understanding pelvic organ support outside the context of the whole body. When was the last time a gynecologist talked to you about the importance of natural breathing in preventing pelvic organ prolapse?

You will not find this information anywhere else but at Whole Woman. Yet, women intuitively know the Whole Woman work is accurate, because they live it every day.

When a newborn baby girl comes into the
world, her spine and funnel-shaped torso are completely straight. Her three pelvic organs and their channels: urethra/bladder, vagina/uterus, anorectum/sigmoid colon form long lines, or axes, through her little abdominopelvic space. From the beginning she is raising internal pressures whenever she cries, poops, or is held upright. Yet, she is not in danger of her pelvic organs prolapsing because her respiratory diaphragm (the muscle layer underneath her lungs), and her pelvic diaphragm, are made up of the same type and the same amount of muscle tissue. So the pressures simply bounce back and forth between the two sets of muscles.

Once she begins to stand, walk, and run, her respiratory diaphragm grows very thick and strong, and begins to send powerful bursts of pressure through her torso. These pressures don’t go down willy-nilly, but in a very specific pathway. With every in-breath, intra-abdominal pressure strikes against the inside of the lower abdominal wall. You can test this yourself by placing your fingertips a couple of inches below your navel and taking little coughs. You can feel the exact place intraabominal pressure first strikes before rebounding against the pelvic diaphragm.

Over the course of sixteen or seventeen years, the female pelvis becomes positioned at a right angle to the abdominal wall so that the pelvic “floor” has now become a wall at the back of the body. This is only made possible by profound curvature in the lumbar spine, which is genetically more pronounced in females. Astonishingly, the three pelvic organs have also formed strong right angles away from their channels to become positioned right behind the lower belly. In this way, the pelvic organs are supported by the true bony pelvic floor and the lower belly, just as they are in four-legged animals. It is
a profound truth that we are horizontal creatures from the hips down and vertical from the waist up.

Now it is easy to understand that contracting the vagina has nothing to do with pelvic organ support. The organs are carried behind the lower belly, and away from the pelvic outlet at the back of the body. Kegels merely draw the bladder and rectum toward the vagina, in other words, toward the direction of prolapse!

Please don’t think that it is “bad” to contract those muscles. Strong vaginal contractions lead to orgasm and are wonderful to do in that setting, especially if penetration is supporting the vaginal walls to keep the pelvic organs in their proper positions. It’s just that lying on your back doing sets of Kegels can worsen prolapse symptoms.

Now that you understand more about your anatomy, you can see that any exercise aimed at reversing prolapse must be based in the dynamics of pelvic organ support. This means gravity, the breath, the natural shape of the spine, and the weight of the organs themselves.

**How did this whole Kegels thing get started?**

Arnold Kegel, a gynecologist practicing in the middle of the 20th century, was the first to place women on their backs and instruct them to contract their pubococcygeus muscles around his fingers.

Kegel also developed the perineometer to measure the strength of pelvic floor contractions.

Today there is a virtual army of physical therapists who specialize in women’s pelvic floor ‘strength training’. The basis of this therapy is placing women on their backs and inserting fingers into their vagina to measure pubococcygeus muscle strength, a measurement often quantified by a modern version of Kegel’s perineometer.
Many PTs have added “core strengthening” exercises to their regimen, all of which have been borrowed from yoga and Pilates. These exercise systems compliment each other, because contracting the abdominal muscles leads to a coinciding contraction of the pelvic floor. Women on their backs pulling navel to spine while maximizing pelvic floor contractions constitute the basis of most physical therapy programs.

This exercise pulls the bladder toward the front vaginal wall and the rectum toward the back vaginal wall, literally pulling these organs in the direction of prolapse. Many women have reported increased prolapse symptoms after engaging in prolonged Kegel exercise.

One would think that the massive population of women who are onto their third or fourth or fifth surgery for prolapse might get a little edgy when told by their doctor or PT to “Just do your Kegels” to avoid further problems. Sadly, they don’t get angry, but ever more resigned to the fact that they must be defective and pelvic floor dysfunction hard-wired into their genes. If Kegels worked to prevent or reverse even a small percentage of prolapse we would know about it after all these decades of women Kegeling themselves silly. The reality is they don’t work at all.

**Should I stop doing Kegels?**

If you suffer from pelvic organ prolapse or urinary incontinence, continuing to do Kegels is likely to exacerbate your condition. As I mentioned earlier in this report, doing Kegels while penetrated during sex is not putting your pelvic organs at risk and can enhance orgasm. But they are unlikely to help with your condition.

**What should I be doing instead of Kegel exercises?**

In the video below, I offer The New Kegel, which can also be done in a chair, on all-fours, or standing. We are simply increasing the natural dynamics of intraabdominal pressure, and by way of the in-breath and lumbar curvature, moving the organs forward. Remember, the organs have not fallen down, they have fallen back from the abdominal wall. Optimize the process with Whole Woman® posture.

Traditionally, women spent hours sitting while doing their work, and female anatomy is designed to move the organs forward even while sitting.
However, you must keep a lifted shoulder girdle and a relaxed lower belly during the process. Go ahead and sit for hours in front of your computer. Every now and then, throw a few New Kegels in to push your organs further forward. Always alternate Whole Woman® posture with lots of quality rest.

If we lived in a perfect world, regaining pelvic organ support would be the easiest thing on earth. And you know what? With some education, it is.

**The New Kegels Video**

Author Christine Kent demonstrates *The New Kegels* in this short video.

If you are reading this on your computer, click on this link:

https://www.wholewoman.com/newkegels/

or type it into your web browser if you are reading this on a printed copy to watch *The New Kegels* video.

So there you have it - "Why Kegels Don't Work".

But, as you can see, this report is just the tip of the iceberg when it comes to learning how to stabilize and reverse pelvic organ prolapse!

If you're serious about wanting to learn the methods for stabilizing and reversing prolapse that have kept thousands of women out of the operating room and you want to regain control of your body and life, then you need some education and training.

At the Whole Woman website (www.wholewoman.com), you will find many articles, an active online community of women with prolapse, incontinence, and chronic hip pain, and the Whole Woman Store with a variety of books and videos to get you started on your healing journey.

Thanks for reading and have a great day!

Christine Kent, RN
Founder
Whole Woman
Introducing Christine Kent

I’m sure you can appreciate what a shock it was to discover that my cervix was sticking an inch out of my body.

It was summer in 1993. We had moved to the Albuquerque area in 1990 so I could attend nursing school at the University of New Mexico. During a routine pelvic exam I was diagnosed with a fibroid on my uterus.

I went to three different gynecologists who all said the same thing, "Hysterectomy."

Both my mother and older sister had been through hysterectomy and I knew I wanted no part of it. So I called my former gynecologist in San Diego, from where we had moved, and was pleased to hear him say, "Oh, you don't need a hysterectomy for a fibroid. Laser surgery will take care of it."

Much relieved, my husband and I went through all the necessary steps to make the trip back to our former home for the operation.
In the pre-op meeting, the surgeon asked if there was anything else going on that he should be aware of. I mentioned that I had very minor stress incontinence occasionally when I coughed or sneezed.

"You're much too young for that!" was his reply. "Since I'm going to be in there anyway, why don't I just tuck up your bladder? That will solve the problem. State-of-the-art technique."

Foolishly, not knowing any better in spite of my nursing education, we agreed.

The surgery went fine. In the wheelchair on the way out to the car, the surgeon leaned over and said to me, "By the way, you can’t lift more than 20 pounds for the rest of your life."

I was in shock. Did he think I spent my days holding tea parties? I lived in the country. We had a big organic garden. I was a nursing student who intended to work in a hospital. How was I supposed to do my job when it meant lifting and turning patients? The arrogance that a woman would be fine never lifting anything heavier than a pot of stew infuriated me and left me worried sick about my future life.

We got home and I took a couple of weeks off for bed rest. Finally the day came when I was ready to take my first walk outside.

Right away something felt wrong. I made my way to the bathroom to check myself out and was horrified to make the discovery that my uterus was trying to fall out.

On the panic-stricken call to my surgeon, I was told that he couldn't imagine what could have caused this but now the condition was serious and an immediate hysterectomy was essential.

I never spoke to the man again.

A few years later, when I was deep into the work of trying to reverse my prolapse, I mustered the courage to order my surgical records from the doctor’s office. By then I had learned that fibroids are always benign, they are fed by hormones, shrink naturally at menopause, and they are generally best left alone.
The “state-of-the-art” bladder suspension turned out to be something called a Marshall-Marchetti-Kranz operation, which was developed in the 1940s for men who had their prostates removed and had become incontinent!

So much for "state-of-the-art". This was not some fly-by-night surgeon. He was a highly regarded gynecologist at one of the top hospitals in the country. And, in researching this particular technique, the literature is very clear that when applied to women, the procedure virtually always results in profound uterine prolapse.

I struggled and lived with my prolapse for years. The internet was still in its infancy and the medical system was still impenetrable for the non-MD. I spent some time in far northern California to sort out my future and had what I can only characterize as a “crossroads moment” where my path forward became clear to me. My work was solving the prolapse problem for myself, and possibly for other women as well.

After returning home, I spent countless hours in the medical school library following hints and rabbit trails through the thickets of research and information. Digging through physical anthropology, evolutionary biology, gynecology, orthopedics, physical therapy, and even 19th century medical texts, I stumbled on a little puzzle piece here and another there until a pattern began emerging and the puzzle pieces started fitting together.

The breakthrough came when I could see that prolapse isn’t technically a gynecologic problem at all. It is organ displacement as the result of pelvic misalignment.

The medical system tends to operate on the model that something is broken and needs to be fixed. With prolapse, it soon became clear that there is no “fix”, but the condition can be successfully managed for a lifetime with a nominal amount of effort.

I put everything I had learned into my first book, Saving the Whole Woman. Now that my own prolapse was under control, I put up my web site and online forum in 2003, and bought some traffic. I had no idea if I could teach other women what I had learned, but I was determined to try.

I delivered the same instructions hundreds of times in the first few months, but much to my amazement, within weeks women began writing back that their symptoms were improving!
The women had many questions, which sent me back to the library again and again to research and provide the answers. By 2007, it was clear my book needed updating and I brought out the 2nd edition. By then I had made my first video, which we redid in 2009.

I took my book out of print in 2017. Ten years is a good run for a non-fiction book, but the new information just keeps coming in too fast to keep a book current.

Instead, today we have many streaming video courses, to help you with prolapse, urinary incontinence, chronic hip and knee pain, menopause, vaginal and vulva challenges, and for the post-hysterectomy woman.

We have well over ten thousand women registered on the forum, and I have been blessed to have kept thousands of women out of the operating room in over sixty countries. I have trained and certified Whole Woman Practitioners in the US, UK, Australia, Ireland, Canada, Ghana, and Belgium. And in August of each year we host a Whole Woman Conference in Albuquerque, New Mexico, USA.

If you have prolapse and are smart enough to know that you want to avoid dangerous surgery, you have come to the right place.

If you have questions about our products or service, please feel free to call Lanny Goodman at +1 505-243-4010 or write at lanny@wholewoman.com.

And welcome to the Whole Woman family!

Best wishes,

Christine,

Christine Kent
Founder,
Whole Woman Inc.
The Mission of Whole Woman Inc. is to research and develop legitimate, science-based alternatives to surgical interventions for chronic conditions that commonly affect women.

Since 2003, with the publication of Saving the Whole Woman, Whole Woman has kept thousands of women world-wide out of the operating room and living full, active physical and sexual lives through non-surgical management of pelvic organ prolapse, urinary incontinence, and chronic hip pain.

Whole Woman Inc. provides women with:

• Information and education about chronic conditions and how to avoid surgery at our website www.wholewoman.com

• Support through phone, Skype, and in-person consultations with Christine Kent, our network of certified Whole Woman Practitioners, and our online forum - Whole Woman Forum

• Information videos, consultations, classes, and intensives, visit - Whole Woman Products and Services.

• Advanced training for women who want more in-depth understanding of the work, to integrate the Whole Woman work into their medical,
midwifery, physical therapy, or massage therapy practices, and Certification as a Whole Woman Practitioner to offer these services to the women in their communities, please visit [www.wholewoman.com/newpages/wwpt.html](http://www.wholewoman.com/newpages/wwpt.html)

How may we help you?